



**FY 2019-2020  
Community Development Block Grant  
(CDBG) Program**

**REQUEST FOR FUNDING  
APPLICATION**

**Applications Available – January 18, 2019**

**Applications Due – March 1, 2019, 5:00 pm**

Marissa Garza, Director  
Community Development/Grants Management Department  
415 West University Drive, Suite F  
Edinburg, Texas 78541

*This application is to be used to seek funding for community development activities located in and/or primarily serving residents of the City of Edinburg.*

## **COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM OVERVIEW**

The City of Edinburg does not discriminate against persons based on race, color, creed, religion, ancestry, marital status, sex, national origin, age, familial status, disability, any arbitrary basis, and status with regard to public assistance. If you need special assistance in order to read and understand the information contained herein, please call the City of Edinburg Community Development\Grants Management Department at (956) 388-8206.

The primary objective of Title I of the Housing and Community Development Act of 1974, as amended, is the development of viable communities by the provision of decent housing and a suitable living environment, and the expansion of economic opportunities, principally for persons of low and moderate income. The City of Edinburg receives an annual federal entitlement of Community Development Block Grant (CDBG) funds to implement the Act locally.

CDBG funds are used to achieve the following national objectives:

1. To benefit low and moderate income persons.
2. To prevent or eliminate slums or blight.
3. To meet community development needs which have a particular urgency.

Eligible activities are identified as Construction Projects and Public Service Projects, and are further defined in accordance with the following categories:

- Acquisition of Real Property
- Disposition
- Public Facilities/Improvements
- Clearance
- Public Services
- Interim Assistance
- Relocation
- Loss of Rental Income
- Privately-Owned Utilities
- Housing Rehabilitation
- New Housing Construction
- Code Enforcement
- Special Economic Development
- Microenterprise Assistance
- Special Activities by CBDOs
- Home Ownership
- Planning and Capacity Building
- Program Administration Costs
- Miscellaneous Other Activities

### **Application for CDBG Funds**

All public or private non-profit agencies, organizations, or authorities are eligible to apply for CDBG funds.

All CDBG-funded projects must be accessible to persons with disabilities. Information, participation, communications, and services regarding your project must be accessible to persons with disabilities in compliance with the Americans with Disabilities Act (ADA).

The Request for Funding application process is a competitive process. The submittal of your agency's application is not a guarantee of a positive funding recommendation by the Community Development Council. Generally, not all agencies applying for funding are granted an award

and not all agencies funded receive the full amount they requested. A separate and complete application must be submitted for each program proposed by any agency.

Electronic versions of this Application can be downloaded from the City of Edinburg's website at <http://www.cityofedinburg.com>. Electronic versions of the Application may also be obtained via e-mail or by U.S. Mail by calling (956-388-8206) or by e-mailing a request to [dvillarrea@cityofedinburg.com](mailto:dvillarrea@cityofedinburg.com).

**APPLICATIONS MUST BE RECEIVED BEFORE 5:00 PM, MARCH 1, 2019**

The CDBG program staff is available to provide technical assistance in determining project/program/applicant eligibility and to ensure proposed projects are in compliance with the CDBG National Objectives and other regulations established by HUD. Staff cannot provide assistance in developing a program or writing the Application.

Technical assistance is available from 8:00 am to 5:00 pm Monday through Friday through March 1, 2019. Please call (956) 388-8206 for assistance by telephone or to make an appointment in the office.

## SPECIFIC APPLICATION INSTRUCTIONS

- **DEADLINE:** Completed applications must be received by the Community Development\Grants Management Department before 5:00 pm, Friday, March 1, 2019. **NUMBER OF COPIES:** Submit one original Application and all supporting materials.
- **BINDING:** All originals and copies must be unbound (only rubber bands, paperclips or removable binder clips are acceptable). Staples or other binding materials will not be accepted. All pages must be 8-1/2 by 11.
- **FORMAT:** Application must be submitted in typed format
- **AUTHORIZATION:** Authorization of the Agency's Governing Board designating the authorized official to enter into contracts, must be attached (see Checklist below). This Application must be signed by the designated authorized official.
- **METHOD OF DELIVERY:** Applications cannot be submitted on-line, by e-mail or by fax. Applications must be mailed or delivered to: City of Edinburg, Community Development Department\Grants Management Department; 415 West University Drive, Suite F, Edinburg, Texas 78541.
- **MISSING INFORMATION:** Applications which are missing any information will be deemed "incomplete" and may not be considered. The City reserves the right to request clarification or any additional information deemed necessary in order to make its determination of eligibility. Late or incomplete proposals will not be considered for funding and the City reserves the right to determine the completeness of all proposals. Further, the City Council reserves the right to reject any or all proposals. Funding granted in one fiscal year does not guarantee that an applicant will receive future funding.
- **MULTIPLE ACTIVITIES:** Develop a separate Application if requesting funding for multiple programs. Careful attention should be given to completing each question asked and attaching additional documentation when requested.
- **ORAL PRESENTATION:** The City of Edinburg will hold a public hearing to solicit public comments for the Community Development Block Grant (CDBG) Program. All applicants are invited to make oral presentation to the Community Development Council. Oral presentations are scheduled for Thursday, March 21, 2019 at 5:30 p.m. at the Dustin Michael Sekula Memorial Library. **Presentations will be timed and presenters will be stopped once time has expired so please ensure your presentation is no longer than 5 minutes.**
- **Evaluation and Rating of Applications:** All applications will be evaluated and scored. The maximum score will be 100 points. The highest-ranking applications will be considered for funding. If application is incomplete (blank questions/sections, and/or missing attachments) or NOT signed by the Authorized Representative will be deemed disqualified for funding.

# PART I – APPLICATION SUMMARY

1. Proposed Project/Program Title:

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2. Legal Name of Agency (Applicant):

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3. Mailing Address:

City:

Zip:

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4. Primary Contact Person:

Title:

Phone:

Email:

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Secondary Contact Person:

Title:

Phone:

Email:

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5. Agency Description:

Faith-Based Organization:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
501(c)3 Non-Profit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Year Incorporated:	
Agency Tax ID Number:	
Agency DUNS Number*:	

\*If you do not have a DUNS Number, go to

<http://fedgov.dnb.com/webform> to register.

6. FY 2019-2020 CDBG Funding Request Amount

\$

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7. Do you have an active registration status with System of Award Management (SAM) ?

Yes

No

*If you are not registered with SAM, go to <https://www.sam.gov> to register. You must obtain a DUNS number prior to registering with SAM.) Please provide documentation verifying active registration status for SAM. This is required when awarded federal funds.*

## PART II –AGENCY INFORMATION

1. **Longevity:** Number of years your agency has been in business:

2. Does your agency develop or explore new sources to generate funds such as soliciting donations, fundraising, apply for grants, etc.? Yes  No

3. Has the agency been involved in any lawsuits? Yes  No

4. Are there any outstanding judgments against the agency? Yes  No

**5. Disclosure of Potential Conflict of Interest:**

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates?

A. Employee of the City of Edinburg or related to a City employee? Yes  No

B. Members of or closely related to members of Edinburg City Council or Community Development Council Board? Yes  No

If you answered "Yes" to any questions A-B, you must provide an explanation. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.

6. Does the agency formally evaluate and measure the effectiveness of this program? Yes  No

7. What steps have been taken in the past year to make the agency more cost effective?

**PART III – AGENCY OVERVIEW**

1. Describe your agency's overall mission and purpose.

2. Indicate if this is a new or existing project and/or service:

Existing Project (Previously Funded by the City)  
Is the service a quantifiable increase?  Yes or  No

New Project (Never been funded by the City)

3. What is the full service area of this agency?

Edinburg  
 Other \_\_\_\_\_

Please describe Service Areas:

4. Demand for Services

a. Explain the need for this program and the gap in services in the City of Edinburg.  
Provide **QUANTITATIVE DATA** to your explanation.



- b. Was this program funded by the City in FY 2018-2019? Yes  No

If yes, what **NEW** or **EXPANDED** services will your agency provide for the Community (be quantitative)?

**5. Target Population:**

- a. How many unduplicated individuals are expected to be served by your program in the grant year?

- b. How many individuals will be served by this program whose income is at or below median income?

- c. What is the estimated cost to provide services to one person?

- d. What is the target population? (Example: elderly, disabled, abused children etc.)

## 6. Program Eligibility

To be eligible for Community Development Block Grant (CDBG) federal funds, program activities must meet one of the HUD national objectives listed below (Select one that applies to the specific program for which you are requesting funding:

- a. LMI Limited Clientele: At least 51 percent of persons served will be from low- and moderate income households. Explain how you will determine household-income.
- b. LMI Jobs: At least 51 percent of jobs created or retained will be filled by low-or moderate-income persons. Explain below how you will determine household income.
- c. LMI Housing: All households provided with housing assistance will have low or moderate-income. Explain below how you will determine household income.
- d. Area Blight: The program will cure conditions of slum and blight in designated blighted area. Describe the area below and attach map showing its boundaries.
- e. Spot Blight: The program will cure conditions that are a threat to public health and safety in a building not located in a blighted area. Describe below the specific conditions that pose a threat and how the end use will benefit low-and moderate income persons.
- f. Urgent Need.  
Select this national objective only if a particular urgency is met, and activity must be designed to alleviate existing conditions which the local government certifies and state determines the following:
  - Pose a serious and immediate threat to the health or welfare of the community,
  - Are of recent origin or recently became urgent,
  - The state grant recipient is unable to finance the activity on its own, and
  - Other sources of funding are not available to carry out.

A condition will generally be considered to be of recent origin if it is developed or became critical within 18 months preceding the state grant recipient's certification. *Reference: 24 CFR 570.483(d)*

*Explain how your program addresses the national objective you selected.*

7. **Performance Measures:** (Measuring Your Goals and Objectives):

Please complete “**Table A**” (Attached below) to show how you identify and measure the results and impacts brought about by your program. When completing this section keep in mind the question - “**How do we know this program is making a difference in the lives of those we serve**”? If your project is funded, these goals and objectives will become a part of an Agreement with the City and will be used to measure your project’s performance. CDBG requests must be limited to activities that can be implemented, completed, and CDBG funds expended by September 30<sup>th</sup> of the fiscal year of the award.

## **PART IV - PROJECT DESCRIPTION**

1. **Statement of Problem/Need:** Briefly describe the problem or need that the proposed activity is intended to address and how the problem or need involves low and moderate income residents in Edinburg.

2. **Project Description:** a) Briefly describe the proposed program or project (including work to be performed, activities to be undertaken, and/or services to be provided), and b) describe specifically how the requested CDBG funds will be used.

3. Please provide the number of individuals in the following Fiscal years:

	FY 2017-18*	1 <sup>st</sup> Qtr–FY 2018-19**	# Proposed for 2019-20
<b>Total # Assisted</b>			
<b>Total # Assisted in Edinburg</b>			
<b>Type of Services Provided including number of persons assisted:</b>			
<b>Counseling</b>			
<b>Home Visits</b>			
<b>Outreach</b>			
<b>Educational/Recreational</b>			
<b>Vocational Training</b>			
<b>Shelter</b>			
<b>Legal</b>			
<b>Referrals</b>			
<b>Other: _____</b>			

\* Fiscal year 2017 includes services provided from October 1, 2017 thru September 30, 2018  
 \*\* Fiscal year 2018 includes services to be provided from October 1, 2018 thru September 30, 2019

4. Must all participants in your program meet federal or state low income limit guidelines for program qualifications? Yes  No
5. List similar projects in Edinburg. Is there a coordinating agency? If so, whom? (Name, address and phone number of contact person):

6. Provide backup information regarding project service necessity, such as **surveys, waiting lists**, etc.

7. Attach **LETTERS OF SUPPORT** for this project.
8. If this project is unfunded or partially funded, will the project be carried out? Yes  No
9. Is there a fee for your services? Yes  No  If yes, please attach a fee schedule.

## PART V - PROJECT BUDGET

1. Please list CDBG funded amount requested and other sources of funds and amounts for this project.

<b>Funding amount requested from City of Edinburg-CDBG</b>	\$
<b>Other Sources</b>	
	\$
	\$
	\$

2. Provide a line-item budget that will identify the allocation of the requested CDBG amount.

CATEGORY	CDBG FUNDS REQUESTED
<b>Salaries (Please list all positions you are requesting to be paid with CDBG funding)</b>	\$
1	
2	
3	
4	
<b>Fringe Benefits</b>	\$
<b>Food Supplies</b>	\$
<b>Dental Services and/or Supplies</b>	\$
<b>Shoes</b>	\$
<b>Business Attire</b>	\$
<b>Advertising</b>	\$

Program Supplies	\$
Program Transportation	\$
Medications/Dentures	\$
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
<b>Total Project Expenses</b>	\$

3. Is project dependent on "Other Funds"?

**Note: If other funds are pending approval and the project is dependent on them, please be advised that we reserve the right to rescind Community Development Funding if other funding becomes unavailable.**

4. Identify what percentage of C.D.B.G. funding will be used for staffing and operations utilized for direct benefit only.

5. Identify what percentage of C.D.B.G. funding will be used for direct benefit (example: dental services, meals for elderly, shoes for youth etc.)?

6. Describe the need and the degree of urgency for the proposed project or program. What would be the consequences if the proposed project or program is not funded in the next year?

## PART VI – PROJECT TIMELINE AND BENCHMARKS

1. When will the project's Fiscal Year

<i>Beginning Date</i>		<i>End Date</i>	
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2. If funded indicate below the amount of CDBG funds to be spent each quarter:

Beginning October 1, 2019 and ending September 30, 2020:			
2019 Oct., Nov., & Dec.		2020 Jan., Feb., March	
2020 April, May, June		2020 July, Aug., Sept.	

3. Indicate below the amount of CDBG beneficiaries to be assisted during each quarter:

Beginning October 1, 2019 and ending September 30, 2020:			
2019 Oct., Nov., & Dec.		2020 Jan., Feb., March	
2020 April, May, June		2020 July, Aug., Sept.	

## PART VII – APPLICANT CERTIFICATION

8. **Applicant Certification:** I certify under penalty of perjury the foregoing application for Community Development Block Grant funds for FY 2019-2020 is true and correct. If this request is accepted for funding, the applicant must be willing to comply with all applicable, Federal, State, and Local laws and regulations. I understand additional documentation will be required if award is granted.

**Agency's Authorized Official (please print):** \_\_\_\_\_

**Authorized Official's Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPLICATION SUBMISSION REQUIREMENTS CHECKLIST

A complete application includes the following items, in the following sequence:

✓	# copies	Item
	<b>Original</b>	<b>Application for CDBG Funds</b>
	<b>1</b>	<b>Documentation verifying active SAMs registration status</b>
	<b>1</b>	<b>Attachment 1</b>
	<b>1</b>	<b>Letters of Support (Maximum of three (3) letters)</b>
	<b>1</b>	<b>Fee schedule (If applicable)</b>
	<b>1</b>	Provide backup information regarding project service necessity, such as <b>surveys, waiting lists, etc.</b>
	<b>1</b>	Current <b>Board of Directors list</b> – including names, addresses, position/title on board
	<b>1</b>	<b>Board of Directors' Designation of Authorized Official</b> – submit documentation from the Board of Directors designating the authorized official to enter into contracts. <b>(Copy of Board minutes and/or Board resolution)</b>
	<b>1</b>	<b>Current budget for agency-Show all sources of expected revenues/expenditures</b>
	<b>1</b>	<b>Organizational Chart</b>
	<b>1</b>	<b>Resume of Program Administrator</b>
	<b>1</b>	<b>Resume of Fiscal Officer</b>
	<b>1</b>	Personal Policies and procedures. <b>Specify: A) Method of vacation/sick leave accumulations; B) List of Paid holidays; C) Number of hours which make up the work week; D) Hours when open to the public; E) hiring procedures and affirmative action policy and plan</b>
	<b>1</b>	<b>Articles of Incorporation and Bylaws</b>
	<b>1</b>	<b>State/Federal Tax Exemption Determination Letters, proof of tax exempt (Tax ID#)</b>
	<b>1</b>	Agencies receiving \$750,000 or more in federal funds must provide a copy of the most current single or program audit report prepared by an independent certified public accountant. Include Independent Auditor's Report, Management Letter, if noted in the Audit, and the response to the Management Letter addressing all issues, concerns, and/or findings.  Note: Agencies not required to complete a single or program audit, <b>MUST</b> provide <b><u>Financial Statements</u></b> .
	<b>1</b>	Copy of most recent 990 Tax Return. (Year 2017, if no 2017 provide copy of IRS Form 8868)



**TABLE A  
PERFORMANCE MANAGEMENT**

HUD NATIONAL OBJECTIVE	PROGRAM ACTIVITY	GOALS		SPECIFIC OUTCOME INDICATORS
Select one HUD Objective from the list below		OUTPUT	OUTCOME	
<p align="center"><b>EXAMPLE 1 Low Mod Clientele</b></p>	<p align="center">Deliver lunch meals to homebound elderly, Monday thru Friday for 250 days during the fiscal year at a service rate of \$4.33 per meal.</p>	<p align="center">Deliver lunch meals daily to 16 elderly persons that homebound due to physical disability or illness.</p>	<p align="center">Improve access/availability of suitable living environment by providing adequate nutrition to elderly helping them remain healthy and strong.</p>	<p>A. <u>  10  </u> Number of elderly with new access to service.</p> <p>B. <u>    6    </u> Number of persons with improved access.</p>

**HUD National Objectives:**

- |                      |                 |
|----------------------|-----------------|
| 1. Low Mod Clientele | 4. Low Mod Jobs |
| 2. Low Mod Area      | 5. Slum/Blight  |
| 3. Low Mod Housing   | 6. Urgent Need  |

**\* Q. – What is the difference between new and improved access? A. –**  
 Where a service or facility did not exist, the assistance provided results in “New” access to that service or facility. Where a service/facility was limited in size or capacity, and the assistance expanded the existing service or facility, the result would be improved access.